

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005569

1. Entity Name

THE MUSCOVY PROTECTION GROUP OF KINGS CREEK, INC

Principal Place of Business

7727 S.W. 86TH STREET.APT A1-211  
MIAMI FL 33143

Mailing Address

7727 S.W. 86TH STREET.APT A1-211  
MIAMI FL 33143

2. Principal Place of Business

7727 S.W. 86TH ST.

Suite, Apt. #, etc.

#A1-211

City & State

MIAMI - FLORIDA

3. Mailing Address

P.O. BOX 566123

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

Zip

33143

Country

U.S.A.

Zip

33256

Country

U.S.A.

6. Name and Address of Current Registered Agent

MUVDI, VICTOR A  
7727 S.W. 86TH STREET.APT A1-211  
MIAMI FL 33143

4. FEI Number

65-0959392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                    |                                                                                 |                                            |
|----------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MUVDI, VICTOR A<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>GOMEZ, ORLANDO DR.<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>MUVDI, ALFONSO JR.<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>MUVDI, MANUELA<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>PEREZ, MARIA E<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>VERA, ROLANDO ASST.<br>7727 S.W. 86TH STREET.APT A1-211<br>MIAMI FL 33143 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                    |                                                                            |                                                                              |
|----------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>AZAMBUJA, ARIEL<br>7705 SW 86TH ST. - APT. B-310<br>MIAMI - FL 33143 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>ALLAN HEW<br>7720 CAMINO REAL - APT. E-213<br>MIAMI - FL 33143       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor A. Muvidi* PD  
VICTOR A. MUVDI - 03/15/01 - 305-273-5206  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 21, 2001 8:00 am  
Secretary of State

03-21-2001 90013 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)